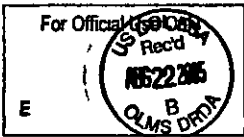


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>13484</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Dean</u> <u>M</u> <u>Tamburri</u> P O Box Bldg Room No If any <u></u> Street <u>87 Holmes Road</u> City <u>Newburgh</u> State <u>New York</u> ZIP Code + 4 <u>12550</u>	4 Name file number and address of labor organization Name <u>Laborers International Union of N A Local 17</u> Labor Organization File Number <u>047-525</u> P O Box Building and Room Number if any <u></u> Street <u>451a Little Britain Road</u> City <u>Newburgh</u> State <u>New York</u> ZIP Code + 4 <u>12550</u>
5 Position in labor organization <u>Executive Board Field Rep</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No If any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest, Transaction or Income <u></u> 7 b Amount <u></u>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)		
Signed <u>Dean M Tamburri</u>	On <u>8/15/2005</u>	<u>845-561-7171</u>
	Date	Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Laborers' Local 17 LECET

Trade Name if any

P O Box Bldg Room No if any

Street 451b Little Britain Road

City Newburgh

State New York ZIP Code + 4 12550

## 9 Business deals with

☒ a Labor Organization☐ b. Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Attended Various golf outings paid through Laborers - Employers Cooperation Education Trust. The events included contractor organizations Local charities and fund raisers that helped promote both union labor and union contractors throughout the industry

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Most events included a round of golf Lunch and or dinner Approximate Value

## 12 b Amount

\$900

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Laborers' Local 17 Benefit Fund

Trade Name if any

P O Box Bldg Room No if any

Street 451b Little Britain Road

City Newburgh

State New York ZIP Code + 4 12550

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Monthly Trust Fund Meeting

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

This monthly meeting included dinner

## 12 b Amount

\$60